

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 8:00 am
Secretary of State

04-28-2004 90298 027 ***150.00

DOCUMENT # L40611

1. Entity Name
BUSINESS COUNSELING SERVICES, INC.



Principal Place of Business
**3391 E SILVER SPRINGS BLVD.
SUITE C
OCALA, FL 34470 - US**

Mailing Address
**P. O. BOX 1807
OCALA, FL 34478-1807 US**

66421781



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2982936

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAGE, DAVID H.
3391 E SILVER SPRINGS BLVD.
SUITE C
OCALA, FL 34470**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and date of signature.

(NOTE: Registered Agent signature required when reappointing.)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAGE, DAVID H.
STREET ADDRESS	320 SKYE COURT
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	PST
NAME	PAGE, DAVID H
STREET ADDRESS	320 SKYE COURT
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David H. Page **David H. Page**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/12/04